

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
916/322-5462



July 6, 1979

ALL-COUNTY LETTER NO. 79-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: DATA COLLECTION REQUIREMENTS OF THE CPS MONTHLY REPORT
ON 24-HOUR EMERGENCY RESPONSE. (TEMP 1343)

REFERENCE: ALL-COUNTY LETTER 79-19, March 28, 1979

Effective July 1, 1979, the 24-Hour CPS Emergency Response Program, described in All-County Letter 79-17, dated March 28, 1979, will be implemented. The 24-Hour CPS Emergency Response Program is designed to assure that CPS is available in ALL counties on a 24-hour basis. It requires that social service professionals respond in-person to any emergency referral within a short period of time and on an around-the-clock basis.

Both the Department and the Legislature will carefully follow the implementation of this program to determine its effectiveness. The data collected by the "CPS Monthly Report on 24-Hour Emergency Response" is a significant element in the monitoring and evaluating of this program. Therefore, each county must begin collecting data on all referrals which require emergency responses, even though the county's emergency response program may not yet have Department approval or may not yet be fully operational.

At this point, we are establishing a monthly summary data collection system. Attached to this letter are copies of:

1. A monthly summary data sheet (TEMP 1343). Data on intake activity and CPS referrals is collected. Further data for emergency referral responses is collected in a similar fashion to the present SOC 291 CPS Summary Report. Instructions are on the reverse side of the form.
2. An individual case worksheet (TEMP 1344). This worksheet, provided for counties' use could be used as an intake worksheet and/or to gather the statistics required for the six month period of the TEMP 1343 monthly summary. Instructions are on the reverse side of the form. The worksheet is an optional form provided for counties' use.

The monthly reporting form is due to the

Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 12-81
Sacramento, CA 95814


twenty (20) days after the end of the report month. Because the Legislature is directing that reports be submitted in September 1979, and April 1980, it is imperative that the due dates are met.

All counties must begin reporting data with the July report month. It will be necessary for you to reproduce your own interim supply of forms for use during July. Supplies of the worksheets and monthly summary forms will be available by August, 1979. The initial mailing of supplies of both forms will be automatically made to each county as soon as the printing is completed. Additional supplies may be ordered through the State DSS warehouse after August 1, 1979.

It should be noted that all Manual Sections cited in the attached narratives refer to revised regulations which will be filed and effective July 1, 1979.

If you have questions regarding the 24-hour emergency response program, please contact your Family and Childrens Services field representative at (916) 445-7653. Questions regarding the report form should be directed to Patti Springsteen or Al Travis at (916) 322-5462.

Sincerely,


R. E. REICH
Deputy Director
Administration Division

cc: CWDA

SEND ONE COPY TO:

DEPARTMENT OF SOCIAL SERVICES
Statistical Services Bureau
744 P Street, M.S. 12-81
Sacramento, CA 95814

CHILD PROTECTIVE SERVICES (CPS):
Monthly Report on 24-Hour Emergency Response

COUNTY	1
MONTH	2
	19

SECTION I - INTAKE OF REFERRALS

TIME OF CALL	TOTAL CALLS RECEIVED (1)	FORWARDED TO CPS UNIT FOR SCREENING (2)	NUMBER OF CPS REFERRALS		EMERGENCY RESPONSE PROVIDED OR ATTEMPTED	
			FAMILIES (3)	CHILDREN (4)	FAMILIES (5)	CHILDREN (6)
TOTAL during the month (sum of a&b)	3	4	5	6	7	8
a. Weekdays:	9	10	11	12	13	14
12:01 am to 7:59 am	15	16	17	18	19	20
8:00 am to 5:00 pm	21	22	23	24	25	26
5:01 pm to 12 mid.	27	28	29	30	31	32
b. Weekends & Holidays.	33	34	35	36	37	38

SECTION II - EMERGENCY RESPONSE REFERRALS ONLY

PART A. SOURCE OF REFERRAL		PART B. REASON FOR REFERRAL	
1. TOTAL (sum of a through n should equal Section I, Col.5)	39	2. TOTAL (sum of a through e should equal Section I, Col.5)	56
a. Welfare Department	40	a. Sexual abuse	57
b. Probation Department	41	b. Physical abuse	58
c. Law enforcement agency	42	c. Intentional deprivation	59
d. School	43	d. General neglect	60
e. Public health nurse	44	e. Other (specify)	61
f. Day care facility	45		
g. Physician or hospital	46		
h. Neighbor	47		
i. Absent parent	48		
j. Member of referred family (in residence)	49		
k. Relative, not in residence	50		
l. Anonymous	51		
m. Self-referral	52		
(1) Child	() 53		
(2) Parent/Caretaker	() 54		
n. All other or unknown	55		
PART C. REFERRAL DISPOSITION		FAMILIES (1)	CHILDREN (2)
3. TOTAL (sum of a & b, should equal Section I, Cols. (5) and (6))		62	63
a. Referrals accepted		64	65
b. Referrals not accepted		66	67
c. (1) Total assessed.		68	69
(a) No services needed		() 70	() 71
(b) Referred to another agency		() 72	() 73
(c) Already active CPS cases		() 74	() 75
(d) Family refused services		() 76	() 77
(2) Total not assessed		78	79
(a) Insufficient staff resources		() 80	() 81
(b) Unable to locate.		() 82	() 83
(c) Resides outside county		() 84	() 85
(d) Referred to another agency		() 86	() 87
(e) Other (specify)		() 88	() 89

Instructions for
CHILD PROTECTIVE SERVICES (CPS)
MONTHLY REPORT ON 24-HOUR EMERGENCY RESPONSE (TEMP 1343)

Enter county name.

Enter month and year of report. This report is due to the Statistical Services Bureau by the 20th of the month following the report month.

SECTION I. INTAKE OF REFERRALS

ITEM INSTRUCTIONS

Enter the information in each column by the time break-outs listed on the left.

Column Instructions

- (1) Report if your county has a specified number advertized to the public for CPS calls. Report the total calls received on that phone line (except wrong numbers).
- (2) Report that number of calls that were forwarded to the CPS unit as potential referrals to the CPS program (not only emergency response).
- (3) Report the number of CPS referrals made to the county in this month. Families equal referrals. These are all CPS referrals and not only emergency response.
- (4) Report the number of children named in the referral or given services as a primary recipient during the referral process.
- (5) Report the number of CPS referrals made to the county in this month which were considered emergency response referrals. EMERGENCY RESPONSE REFERRALS ARE: those in which an immediate, within two hour, face-to-face contact with a child and/or his parent/caretaker is appropriate. (Manual Section 30-113.12) If an emergency response was attempted it should also be included.
- (6) Report the number of children named in the emergency response referral or given services as a primary recipient during the referral process.

SECTION II. EMERGENCY RESPONSE REFERRALS ONLY

PART A. SOURCE OF REFERRAL

1. Enter the number of referrals received from the source listed a-n. These must total to the top line, marked TOTAL. The TOTAL must equal the number of emergency referrals in Section I, column (5). Item m, Self-referral, is a sub-total of self-referrals by the child or the child's parent/caretaker.

PART B. REASON FOR REFERRAL

2. Enter the number of referrals by the reason for each referral. The reasons, a through e, must sum to the TOTAL line. The TOTAL line must equal the number of emergency referrals in Section I, column (5). If Item e, Other, is used, each different type of reason must be listed in the space below and the number of referrals entered which required each other reason.

PART C. REFERRAL DISPOSITION

3. Enter the number of referrals accepted or not accepted. A referral is to be counted as accepted if the social worker who makes the initial emergency response visit believes at the end of the visit that a child was, at the beginning of the visit, at risk of abuse or neglect and in need of Child Protective Services. Thus, a case is counted as accepted if the problem necessitating the visit was resolved during the visit or if the social worker decides that further CPS work with the family is necessary.

Exception: Cases that are already open to protective services are counted as not accepted even though a child was at risk at the time of the visit.

A referral is counted as not accepted if it is assessed (that is, an emergency home visit is made) and the social worker determined that at the beginning of the visit a child was definitely not at risk of abuse or neglect, that a child was at risk but that services should be provided by an agency other than CPS, or that the family is already an active CPS case.

A referral is also counted as not accepted if it is not assessed (that is, if an emergency home visit is not made) for any of the reasons indicated.

Column Instructions

The number of families are entered in column (1). This is to equal the number of emergency referrals in Section I, column (5).

The number of children are entered in column (2). This is to equal the number of emergency referrals in Section I, column (6).

PART D. RESPONSE TO REFERRALS

TYPE OF RESPONSE	90
4. TOTAL (sum of a through c, should equal Section I, Col. (5))	91
a. Total number of referrals with CPS response (sum of (1) through (3).	92
(1) CPS only	() 93
(2) CPS and law enforcement	() 94
(3) CPS and other	95
b. Total number of referrals to other agencies with non-CPS response (sum of (1) through (3))	96
(1) Law enforcement.	() 97
(2) Probation	() 98
(3) Other (specify)	99
c. Total number of referrals with no face to face response or attempt at response	100
TIMELINESS OF CPS EMERGENCY RESPONSE	
5. TOTAL referrals responded to (sum of a through c should equal 4 a.)	101
a. Less than ½ hour	102
b. ½ hour to 1 hour	103
c. 1 hour to 1½ hour	104
d. 1½ hour to 2 hours	105
e. Over 2 hours	

PART E. REMOVAL FROM HOME

6. TOTAL number of children referred in the month (sum of a & b should equal Part c, 3. a, Column (2))	106		
a. Number of children not removed from their home within 24 hours	107		
b. Number of children removed from their home within 24 hours.	108		
	CHILDREN REMOVED FROM HOME		
	<table border="1"> <tr> <th>AT THE TIME OF VISIT</th> <th>AFTER INITIAL VISIT BUT WITHIN 24 HRS.</th> </tr> </table>	AT THE TIME OF VISIT	AFTER INITIAL VISIT BUT WITHIN 24 HRS.
AT THE TIME OF VISIT	AFTER INITIAL VISIT BUT WITHIN 24 HRS.		
7. a. Removal to: (sum of (1) through (4), must equal 6 b.)	109		
(1) Relative's home	110		
(2) Shelter care	111		
(a) Group home	() 112		
(b) Foster home	() 113		
(3) Hospital	114		
(4) Other (specify)	115		
b. Type of removal (sum of (1) & (2) must equal 6 b.)	116		
(1) Voluntary	117		
(2) Involuntary	118		

PART F. BACK-UP SERVICES INITIATED IN FIRST FIVE DAYS

	Number of children receiving services from County Welfare Department	
	PROVIDED DIRECT	PURCHASED
8. TOTAL back-up services provided to children in first 5 days after referral. (sum of a through f)	129	130
a. Emergency caretaker	131	132
b. Teaching and demonstrating homemaker	133	134
c. Respite care	135	136
d. Follow-up treatment	137	138
e. Emergency shelter care	139	140
f. Multi-disciplinary teams	141	142

PERSON TO CONTACT REGARDING THIS REPORT	BUSINESS PHONE	DATE
	()	

PART D. RESPONSE TO REFERRALS

4. Type of Response

Enter the number of referrals which received each type of response. Items under "a" had a CPS response by either CPS only, CPS and law enforcement, or CPS and other than law enforcement (such as another paid or volunteer professional). Items under "b" had a nonCPS response. Item "c" had no face-to-face response or attempt at a response. The TOTAL is the sum of "a" through "c", and is equal to the number of emergency referrals, Section I, column (5).

5. Timeliness of CPS Emergency Response

Enter the number of referrals by each time category for the amount of time it took to respond to the response. Count the time from the call's receipt by the county welfare department until the social worker reaches the face-to-face visit site. Answer this question for all those referrals in which a CPS worker attempted a face-to-face visit. Thus, the TOTAL of 5 must equal 6.

PART E. REMOVAL FROM HOME

6. Enter the number of children referred in the month (previously entered in Part C.3.a, column (2)).

6a. Enter the number of children referred in the month not removed from their home within 24 hours.

6b. Enter the number of children referred in the month who were removed from their home within 24 hours of the initial visit. (If a child was removed after 24 hours, do not count it as removed.) Items a + b equal 6.

7. Item Instructions

a. Enter the number of children by each location of emergency care. Items (1) through (4) must equal the number of children removed within 24 hours in 6.b., above. The sub-total of group and foster home must equal shelter care. For any "other" category, specify the location of emergency care, and the number of children placed.

Column Instructions

Separate the children counts by whether they were removed from their home at the time of the initial visit (made within two hours of the call) or if they were removed after the initial visit, but within 24 hours of the initial referral call.

b. Enter the number of children who were removed from the home voluntarily. VOLUNTARY REMOVAL MEANS: The parent or guardian gives written consent to the placement and the child is not detained as described by WaIC 305 or 306.

Enter the number of children who were removed from home involuntarily. INVOLUNTARY REMOVAL MEANS: The Child is detained as described by WaIC 305 or 306.

PART F. BACK-UP SERVICES INITIATED IN FIVE DAYS

Item Instructions

Enter the number of children who received each type of back-up service within the first five working days of the date of referral.

Definitions for individual back-up services will be found in Divisions 30 and 10:

Emergency Caretaker	.....	30-002.12
Teaching and Demonstrating Homemaker	..	30-102.11
Respite Care	.....	10-010.9
Follow-up Treatment	.....	30-102.6
Emergency Shelter Care	.....	30-002.12
Multi-Disciplinary Teams	.....	30-102.7

Column Instructions

Enter the number of children receiving services from the county welfare department which are provided direct or purchased from another agency. Provided direct indicates that the person or staff providing the services is an employee of the CWD. Services which are purchased are those not provided by employees of the CWD, but with whom the CWD contracts for the services. Any separate line item (Example: Emergency Caretaker, provided direct) may not exceed the number of children referred to emergency response service in Section I, column (6).

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CHILD PROTECTIVE SERVICES (CPS)
EMERGENCY RESPONSE WORKSHEET

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU

SECTION I. IDENTIFYING INFORMATION

1. FAMILY SURNAME	2. CASE NUMBER CO. <input type="text"/> AID <input type="text"/> SERIAL <input type="text"/>
3. CROSS REFERENCE NAME (OPTIONAL)	4. DATE OF INITIAL PHONE CALL MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/>
COUNTY USE	5. TIME OF INITIAL PHONE CALL WEEKDAYS: 12:01 AM - 7:59 AM <input type="checkbox"/> 8:00 AM - 5:00 PM <input type="checkbox"/> 5:01 PM - 12 MIDNT. <input type="checkbox"/> WEEKEND OR HOLIDAY <input type="checkbox"/>
	6. NUMBER OF CHILDREN AT RISK IN THE FAMILY <input type="text"/>

SECTION II.

(1) SOURCE OF REFERRAL (check one)

- | | |
|-------------------------------------------------------|--------------------------|
| a. Welfare Department | <input type="checkbox"/> |
| b. Probation Department | <input type="checkbox"/> |
| c. Law enforcement agency | <input type="checkbox"/> |
| d. School | <input type="checkbox"/> |
| e. Public health nurse | <input type="checkbox"/> |
| f. Day care facility | <input type="checkbox"/> |
| g. Physician or hospital | <input type="checkbox"/> |
| h. Neighbor | <input type="checkbox"/> |
| i. Absent parent | <input type="checkbox"/> |
| j. Member of referred family (in residence) | <input type="checkbox"/> |
| k. Relative, not in residence | <input type="checkbox"/> |
| l. Anonymous | <input type="checkbox"/> |
| m. Self-referral | |
| (1) Child | <input type="checkbox"/> |
| (2) Parent/Caretaker | <input type="checkbox"/> |
| n. All other or unknown | <input type="checkbox"/> |

(2) REASON FOR REFERRAL (check one)

- | | |
|--------------------------------------|--------------------------|
| a. Sexual abuse | <input type="checkbox"/> |
| b. Physical abuse | <input type="checkbox"/> |
| c. Intentional deprivation | <input type="checkbox"/> |
| d. General neglect | <input type="checkbox"/> |
| e. Other (specify) | <input type="checkbox"/> |

(3) REFERRAL DISPOSITION

- | | |
|------------------------------------|--------------------------|
| a. Referral Accepted | <input type="checkbox"/> |
| b. Referral Not Accepted | <input type="checkbox"/> |

(If referral accepted, skip to Item #4)

FOR REFERRAL WHICH WAS NOT ACCEPTED,
WAS IT:

(check one)

- | | |
|--------------------------------------------|--------------------------|
| - (1) Assessed, but | |
| (a) No services needed | <input type="checkbox"/> |
| (b) Referred to another agency | <input type="checkbox"/> |
| (c) Already active CPS case | <input type="checkbox"/> |
| (d) Family refused services | <input type="checkbox"/> |
| - (2) Not assessed, | |
| (a) Insufficient staff resources | <input type="checkbox"/> |
| (b) Unable to locate | <input type="checkbox"/> |
| (c) Resides outside county | <input type="checkbox"/> |
| (d) Referred to another agency | <input type="checkbox"/> |
| (e) Other (specify) | <input type="checkbox"/> |

(4) RESPONSE TO REFERRALS

Was the type of response to the referral made by:

(check one)

- | | |
|-----------------------------------------------------------------|--------------------------|
| a(1) CPS only | <input type="checkbox"/> |
| (2) CPS and law enforcement | <input type="checkbox"/> |
| (3) CPS and other | <input type="checkbox"/> |
| Or Non-CPS response | |
| b(1) Law enforcement | <input type="checkbox"/> |
| (2) Probation | <input type="checkbox"/> |
| (3) Other (Specify) | <input type="checkbox"/> |
| c Non face to face response or attempt
at response | <input type="checkbox"/> |

(5) TIMELINES OF CPS EMERGENCY RESPONSE

- | | |
|---------------------------------|--------------------------|
| a. Less than ½ hour | <input type="checkbox"/> |
| b. ½ hour to 1 hour | <input type="checkbox"/> |
| c. 1 hour to 1½ hour | <input type="checkbox"/> |
| d. 1½ hour to 2 hours | <input type="checkbox"/> |
| e. Over 2 hours | <input type="checkbox"/> |

(6) REMOVAL FROM HOME (Sum of a + b must equal Section I, #6)

- | | |
|--------------------------------------------------------------------------------------------------|----------------------|
| a. Number of children not removed from their homes
within 24 hours of initial visit | <input type="text"/> |
| b. Number of children removed from their homes
within 24 hours of initial visit | <input type="text"/> |

(7)

	Children removed from home	
	At the time of visit	After initial visit but within 24 hrs.
a. Removal to: (Sum of (1) through (4), must equal 6b)		
(1) Relative's home		
(2) Shelter care		
(a) Group home	<input type="text"/>	<input type="text"/>
(b) Foster home	<input type="text"/>	<input type="text"/>
(3) Hospital		
(4) Other (specify)		
b. Type of removal (Sum of (1) & (2), must equal 6b)		
(1) Voluntary		
(2) Involuntary		

(8) BACK UP SERVICES

Enter the number of children receiving back up services initiated within 5 days of referral, from the county welfare department or purchased through contract.
(The number in any box may not exceed the number of children in Section I, Item 6)

- | | |
|-------------------------------------------------------------------------------|----------------------|
| a. Emergency caretaker. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |
| b. Teaching homemaker. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |
| c. Respite care. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |
| d. Follow up treatment. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |
| e. Emergency shelter care. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |
| f. Multi-disciplinary teams. Enter number of children for whom services were: | |
| provided direct | <input type="text"/> |
| purchased | <input type="text"/> |

Instructions for
CHILD PROTECTIVE SERVICES (CPS)
EMERGENCY RESPONSE WORKSHEET (TEMP 1344)

(This worksheet is an optional form for counties' use to complete TEMP 1343, Monthly Summary Report.)

SECTION I. IDENTIFYING INFORMATION

1. Family Surname - Enter name of family for later identification.
2. Case Number - Enter case number for later identification.
3. Cross Reference Name - Enter any other name needed for identification.
4. Date of initial phone call - (NOTE: This form should be completed and ready for county summary five working days after this date. Most of the form is completed in the first 24-hours. The last item, Section II, item #9, asks for information which covers the first five working days.)
5. Time of initial phone call - The hours during Monday through Friday are broken out by three time categories; weekends and holidays are treated together.
6. Number of children at risk in the family - The number of children is defined as those named in the referral or given services as primary recipients during the referral process. This item is cross-matched later in Section II, item 8.

SECTION II. EMERGENCY RESPONSE REFERRALS ONLY

1. Source of Referral - Check only one box.
2. Reason for Referral - Check only one box. If there is more than one reason for the referral, choose the reason that is listed first as they are listed in a priority order.
3. Referral Disposition - Check one box.
 - a. Referral Accepted: A referral is to be counted as accepted if the social worker who makes the initial emergency response visit believes at the end of the visit that a child was, at the beginning of the visit, at risk of abuse or neglect and in need of Child Protective Services. Thus, count this as accepted if the problem necessitating the visit was resolved during the visit or if the social worker decides that further CPS work with the family is necessary. EXCEPTION: Cases that are already open to protective services are counted as not accepted even though a child was at risk at the time of the visit.
 - b. Referral not Accepted: A referral is counted as not accepted if it is assessed (that is, an emergency home visit is made) and the social worker determined that at the beginning of the visit a child was definitely not at risk of abuse or neglect, that a child was at risk but that services should be provided by an agency other than CPS, or that the family is already an active CPS case. A referral is also counted as not accepted if it is not assessed (that is, if an emergency home visit is not made) for any of the reasons indicated.
4. Response to Referrals - Check only one box.
CPS and other means other than law enforcement, such as another paid or volunteer professional.
5. Timeliness of CPS Emergency Response - Count only one box.
Count the time from the call's receipt by the county welfare department until the social worker reaches the face-to-face visit. Answer if the response was made by a CPS staff person (4.a).
6. Removal from Home - Sum of "a" and "b" must equal the number of children whose referral was accepted (Item 3.a). If the child was not removed from his/her home within 24 hours of the initial phone call referring the child, enter the first set of boxes with the number of children whose referral was accepted (Section II, Item 3a). If the child was removed from his/her home within 24 hours, enter the number of children in the second set of boxes. There may be numbers of children in both sets of boxes.

7. a. Removal to:

ITEM INSTRUCTIONS:

Enter the number of children by each location of emergency care. Sum of (1) through (4) must equal the number of children removed (item 6b). The subtotal of group and foster home must equal shelter care.

COLUMN INSTRUCTIONS:

Separate the children counts by whether they were removed from their home at the time of the initial visit (made within two hours of the call), or if they were removed after the initial visit, but within 24 hours of the initial referral call.

b. Type of Removal:

- (1) Enter the number of children who were removed from the home voluntarily. VOLUNTARY REMOVAL MEANS: The parent or guardian gives written consent to the placement and the child is not detained by W&IC 305 or 306.
- (2) Enter the number of children who were removed from their home involuntarily. INVOLUNTARY REMOVAL MEANS: The child is detained as described by W&IC 305 or 306.

8. Back-Up Services, Initiated within Five Days -

ITEM INSTRUCTIONS:

Enter the number of children who received each type of back-up service within the first five working days of the date of referral. Definitions for individual back-up services will be found in Divs. 10 & 30:

Emergency Caretaker	..... 30-002.12
Teaching and Demonstrating Homemaking	.... 30-102.12
Respite Care	..... 10-010.9
Follow-up Treatment	..... 30-102.6
Emergency Shelter Care	..... 30-002.12
Multi-disciplinary Teams	..... 30-102.7

COLUMN INSTRUCTIONS:

Enter the number of children receiving services from the county welfare department which are provided direct or purchased from another agency. Provided direct indicates that the person or staff providing the services is an employee of the CWD. Services which are purchased are those not provided by employees of the CWD, but by persons or agencies from which CWD contracts for the services. Any separate line item (EXAMPLE: Emergency Caretaker, provided direct) may not exceed the number of children referred to emergency response service in Section I, item 6.